2156.3

Patrick Gillispie was a celebrated baseball player from Carbondale. not, I think, related to our Gillespies.

Form V. S. No. 5.—50M.-9-22-09.

PLACE OF DEATH.

County of Lacka

Township of ..... Registration District No. 598 File No. .....

or

Borough of ..... Primary Registration District No. 34 Registered No. 164

or

City of Carbondale (No. Fallbrook St.; 1 Ward.) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME, Patrick Gillispie

COMMONWEALTH OF PENNSYLVANIA.
BUREAU OF VITAL STATISTICS.
CERTIFICATE OF DEATH.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1854
(Month) (Day) (Year)

AGE 56 years, ... months, ... days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or Country) Carbondale Pa

OCCUPATION miner

NAME OF FATHER John Gillispie

BIRTHPLACE OF FATHER (State or Country) Ireland

MAIDEN NAME OF MOTHER Ann Newcomb

BIRTHPLACE OF MOTHER (State or Country) Ireland

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Hannah Gillispie

(Address) City

Filed May 5 19 10. Fred H Lewis Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... May 4 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1910 to May 4th 1910

that I last saw h.im alive on May 3 1910

and that death occurred, on the ..... a. M. The CAUSE OF DEATH was as follows:

Pneumonia

..... (Duration) ..... Days

Contributory .....

..... 1 (Duration) ..... Days

(Signed) Alex F Gillis M. D.

19 (Address) Carbondale Pa

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... ? Days

Where was disease contracted? .....

PLACE OF BURIAL OR REMOVAL St Rose Cemetery | DATE OF BURIAL May 7 1910

UNDERTAKER Wm. J. McHale | ADDRESS C'dl

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

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